

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-1348	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 13:41

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
RED BUD REGIONAL HOSPITAL 14-1348
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 11/29/2010 TIME 13:41

1.lpnqo66.1DUqmoOg7fyMaECQCZx0
2AbAf0yu4HwK19:y2m8bPUqoewdLoD
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PI ENCRYPTION INFORMATION
DATE: 11/29/2010 TIME 13:41

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xTMss0KRJ13CaGQA4LZvAt9B08xvvg
1f5:3bdr1t0cm6s1

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	137,174	-432,937	0	
3 SWING BED - SNF	0	129,023	0	0	
100 TOTAL	0	266,197	-432,937	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-1348	I FROM 7/ 1/2009	I --AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I TO 6/30/2010	I --INITIAL --REOPENED	I	INTERMEDIARY NO:
			I	I --FINAL 1-MCR CODE	I	
				I 00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/29/2010 TIME 13:48

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RED BUD REGIONAL HOSPITAL 14-1348
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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	TITLE V		TITLE XVIII		TITLE XIX
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Health Financial Systems MCRIF32 FOR RED BUD REGIONAL HOSPITAL IN LIEU OF FORM CMS-2552-96 (08/2010)
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
 PROVIDER NO: 14-1348
 I PERIOD: 7/ 1/2009
 I FROM 7/ 1/2009
 I TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: ST. CLEMENT BLVD
 1.01 CITY: RED BUD
 P.O. BOX:
 STATE: IL ZIP CODE: 62278- COUNTY: RANDOLPH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	RED BUD REGIONAL HOSPITAL	14-1348	2.01	7/ 1/2005	4 5 6
04.00 SWING BED - SNF	RED BUD HOSPITAL	14-2348		8/10/2005	N O P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N				
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	N				
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.					
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N				
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N				
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N			
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N			
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0				
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	7/ 1/2005			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02					
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4
			0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)						
28.03	STAFFING	%	Y/N			
28.04	RECRUITMENT	0.00%				
28.05	RETENTION	0.00%				
28.06	TRAINING	0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
MISCELLANEOUS COST REPORT INFORMATION						
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N				
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS) Y 449008
40.01 NAME: CHS / COMMUNITY HEALTH SYSTEMS, INC. FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 52280
40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX:
40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 34,853 PAID LOSSES: 60,693 AND/OR SELF INSURANCE: 0					
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 9/30/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 14-1348 I FROM 7/ 1/2009 I WORKSHEET S-3
I I TO 6/30/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	68,232.00		2,050		142
2 HMO					294		2
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					2,654		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	68,232.00		4,704		142
12 TOTAL	25	9,125	68,232.00		4,704		142
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
24 RHC							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	TRIPS OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,843				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			2,654				
4 ADULTS & PED-SB NF			270				
5 TOTAL ADULTS AND PEDS			5,767				
12 TOTAL			5,767				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
24 RHC							
25 TOTAL							
26 OBSERVATION BED DAYS			95	7	88		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					604	72	938
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		134.90			604	72	938
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
24 RHC							
25 TOTAL		134.90					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL UNCOMPENSATED CARE DATA

I
I
I
I

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 PROVIDER NO: 14-1348 I PERIOD: FROM 7/ 1/2009 I TO 6/30/2010 I
 PREPARED 11/29/2010 I WORKSHEET S-10 I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 108,240

17.01 GROSS MEDICAID REVENUES 991,575

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,099,815

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .201325

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 7,137,632

Health Financial Systems	MCRIF32	FOR RED BUD REGIONAL HOSPITAL	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:
HOSPITAL UNCOMPENSATED CARE DATA		I 14-1348	I FROM 7/ 1/2009
		I	I TO 6/30/2010
		I	I

PREPARED 11/29/2010
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,436,984
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,184,058
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	238,380
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,436,984

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1348
II PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010I PREPARED 11/29/2010
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		135,860	135,860	38,822	174,682
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		637,062	637,062	185,624	822,686
5	0500	EMPLOYEE BENEFITS	101,601	62,507	164,108	1,022,183	1,186,291
6	0600	ADMINISTRATIVE & GENERAL	1,851,935	6,029,009	7,880,944	-2,399,283	5,481,661
8	0800	OPERATION OF PLANT	229,345	773,392	1,002,737	-67,960	934,777
9	0900	LAUNDRY & LINEN SERVICE		88,743	88,743		88,743
10	1000	HOUSEKEEPING	140,686	40,165	180,851	-12,980	167,871
11	1100	DIETARY		958,117	958,117	-111,993	846,124
12	1200	CAFETERIA				111,923	111,923
14	1400	NURSING ADMINISTRATION	527,077	49,871	576,948	-12,732	564,216
15	1500	CENTRAL SERVICES & SUPPLY	33,720	214,148	247,868	-168,513	79,355
16	1600	PHARMACY	217,490	526,519	744,009	-485,269	258,740
17	1700	MEDICAL RECORDS & LIBRARY	190,080	209,056	399,136	-13,388	385,748
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	951,808	612,707	1,564,515	-21,191	1,543,324
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	409,818	133,393	543,211	-10,009	533,202
40	4000	ANESTHESIOLOGY	368,710	68,442	437,152	-5,092	432,060
41	4100	RADIOLOGY-DIAGNOSTIC	485,721	730,263	1,215,984	-85,415	1,130,569
44	4400	LABORATORY	361,578	658,691	1,020,269	-14,067	1,006,202
49	4900	RESPIRATORY THERAPY	131,939	50,604	182,543	-26,908	155,635
50	5000	PHYSICAL THERAPY	313,777	29,936	343,713	-49	343,664
51	5100	OCCUPATIONAL THERAPY	51,622	4,914	56,536		56,536
52	5200	SPEECH PATHOLOGY		42,433	42,433		42,433
53	5300	ELECTROCARDIOLOGY	28,136	95,317	123,453		123,453
54.10	3950	CARDIAC REHAB					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				189,189	189,189
56	5600	DRUGS CHARGED TO PATIENTS				465,203	465,203
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	601,903	146,061	747,964	1,082,131	1,830,095
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	6,996,946	12,297,210	19,294,156	-339,774	18,954,382
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES		-5,705	-5,705	2,796	-2,909
98.01	9801	PHYSICIAN SPECIALTY CLINIC - RED BUD	99,456	17,031	116,487	668	117,155
98.02	9802	PHYSICIAN SPECIALTY CLINIC - WATERLOO	9,127	28,224	37,351	18,101	55,452
98.03	9803	HOME HEALTH					
100	7950	SENIOR CIRCLE	3,339	509	3,848		3,848
100.01	7951	FREE STANDING NURSING HOME				213,742	213,742
100.02	7952	OTHER NONREIMBURSABLE				104,467	104,467
101		TOTAL	7,108,868	12,337,269	19,446,137	-0-	19,446,137

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1348
II PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010I .PREPARED 11/29/2010
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	222,260	396,942
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	172,080	994,766
5 0500	EMPLOYEE BENEFITS	-16,894	1,169,397
6 0600	ADMINISTRATIVE & GENERAL	-2,831,752	2,649,909
8 0800	OPERATION OF PLANT		934,777
9 0900	LAUNDRY & LINEN SERVICE		88,743
10 1000	HOUSEKEEPING		167,871
11 1100	DIETARY	366,860	1,212,984
12 1200	CAFETERIA	-111,923	
14 1400	NURSING ADMINISTRATION	-415	563,801
15 1500	CENTRAL SERVICES & SUPPLY		79,355
16 1600	PHARMACY		258,740
17 1700	MEDICAL RECORDS & LIBRARY	-2,225	383,523
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,543,324
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		533,202
40 4000	ANESTHESIOLOGY	-482,375	-50,315
41 4100	RADIOLOGY-DIAGNOSTIC	-3,000	1,127,569
44 4400	LABORATORY		1,006,202
49 4900	RESPIRATORY THERAPY		155,635
50 5000	PHYSICAL THERAPY		343,664
51 5100	OCCUPATIONAL THERAPY		56,536
52 5200	SPEECH PATHOLOGY		42,433
53 5300	ELECTROCARDIOLOGY	-16,251	107,202
54.10 3950	CARDIAC REHAB		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		189,189
56 5600	DRUGS CHARGED TO PATIENTS	-4,274	460,929
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-470,948	1,359,147
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-3,178,857	15,775,525
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES	72,620	69,711
98.01 9801	PHYSICIAN SPECIALTY CLINIC - RED BUD		117,155
98.02 9802	PHYSICIAN SPECIALTY CLINIC - WATERLOO	-479	54,973
98.03 9803	HOME HEALTH		
100 7950	SENIOR CIRCLE		3,848
100.01 7951	FREE STANDING NURSING HOME		213,742
100.02 7952	OTHER NONREIMBURSABLE		104,467
101	TOTAL	-3,106,716	16,339,421

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 14-1348 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54.10	CARDIAC REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIAN SPECIALTY CLINIC - RED BUD	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PHYSICIAN SPECIALTY CLINIC - WATERLOO	9802	PHYSICIANS' PRIVATE OFFICES
98.03	HOME HEALTH	9803	PHYSICIANS' PRIVATE OFFICES
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FREE STANDING NURSING HOME	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
141348	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	

		INCREASE		
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4
1 RECLASS EMPLOYEE BENEFITS	A EMPLOYEE BENEFITS	5		1,070,955
2 RECLASS OXYGEN COSTS	B MEDICAL SUPPLIES CHARGED TO PATIENTS	55		23,542
3				
4				
5 RECLASS RENTS & LEASES	C NEW CAP REL COSTS-MVBLE EQUIP	4		199,474
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21 RECLASS OTHER CAPITAL	D NEW CAP REL COSTS-BLDG & FIXT	3		41,378
22	NEW CAP REL COSTS-MVBLE EQUIP	4		5,159
23 RECLASS MARKETING COSTS	E OTHER NONREIMBURSABLE	100.02	38,337	66,130
24 RECLASS CHARGEABLE MEDICAL SUPPLIES	F MEDICAL SUPPLIES CHARGED TO PATIENTS	55		165,647
25				
26 RECLASS CHARGEABLE DRUGS	G DRUGS CHARGED TO PATIENTS	56		465,203
27				
28 RECLASS NURSING HOME SERVICES	H FREE STANDING NURSING HOME	100.01	164,731	49,011
29				
30				
31				
32				
33				
34 RECLASS ER PHYSICIAN COSTS	I EMERGENCY	61	766,387	319,766
35 DIRECTLY ALLOCATED DEPRECIATION	J PHYSICIAN SPECIALTY CLINIC - RED BUD	98.01		668
1 DIRECTLY ALLOCATED DEPRECIATION	J PHYSICIAN SPECIALTY CLINC - WATERLOO	98.02		18,101
2	PHYSICIANS' PRIVATE OFFICES	98		2,796
3 RECLASS CAFETERIA EXPENSE	K CAFETERIA	12		111,923
36 TOTAL RECLASSIFICATIONS			969,455	2,539,753

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141348

PERIOD:

FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/29/2010

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
1 RECLASS EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6				1,070,955	
2 RECLASS OXYGEN COSTS	B	OPERATING ROOM	37				359	
3		ANESTHESIOLOGY	40				642	
4		RESPIRATORY THERAPY	49				22,541	
5 RECLASS RENTS & LEASES	C	ADMINISTRATIVE & GENERAL	6				22,514	10
6		OPERATION OF PLANT	8				2,036	
7		HOUSEKEEPING	10				366	
8		DIETARY	11				70	
9		NURSING ADMINISTRATION	14				84	
10		CENTRAL SERVICES & SUPPLY	15				9,230	
11		PHARMACY	16				24,348	
12		MEDICAL RECORDS & LIBRARY	17				8,261	
13		ADULTS & PEDIATRICS	25				21,191	
14		OPERATING ROOM	37				3,286	
15		ANESTHESIOLOGY	40				168	
16		RADIOLOGY-DIAGNOSTIC	41				85,415	
17		LABORATORY	44				14,067	
18		RESPIRATORY THERAPY	49				4,367	
19		PHYSICAL THERAPY	50				49	
20		EMERGENCY	61				4,022	
21 RECLASS OTHER CAPITAL	D	ADMINISTRATIVE & GENERAL	6				46,537	14
22								14
23 RECLASS MARKETING COSTS	E	ADMINISTRATIVE & GENERAL	6			38,337	66,130	
24 RECLASS CHARGEABLE MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15				159,283	
25		OPERATING ROOM	37				6,364	
26 RECLASS CHARGEABLE DRUGS	G	PHARMACY	16				460,921	
27		ANESTHESIOLOGY	40				4,282	
28 RECLASS NURSING HOME SERVICES	H	EMPLOYEE BENEFITS	5			30,195	18,577	
29		ADMINISTRATIVE & GENERAL	6			60,869	7,788	
30		OPERATION OF PLANT	8			43,661	22,263	
31		HOUSEKEEPING	10			12,614		
32		NURSING ADMINISTRATION	14			12,265	383	
33		MEDICAL RECORDS & LIBRARY	17			5,127		
34 RECLASS ER PHYSICIAN COSTS	I	ADMINISTRATIVE & GENERAL	6			766,387	319,766	
35 DIRECTLY ALLOCATED DEPRECIATION	J	NEW CAP REL COSTS-BLDG & FIXT	3				2,556	10
1 DIRECTLY ALLOCATED DEPRECIATION	J	NEW CAP REL COSTS-MVBLE EQUIP	4				19,009	10
2								
3 RECLASS CAFETERIA EXPENSE	K	DIETARY	11				111,923	
36 TOTAL RECLASSIFICATIONS						969,455	2,539,753	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
141348	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS EMPLOYEE BENEFITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,070,955
TOTAL RECLASSIFICATIONS FOR CODE A			1,070,955

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,070,955	
			1,070,955

RECLASS CODE: B
EXPLANATION : RECLASS OXYGEN COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	23,542
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			23,542

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	359	
ANESTHESIOLOGY	40	642	
RESPIRATORY THERAPY	49	22,541	
			23,542

RECLASS CODE: C
EXPLANATION : RECLASS RENTS & LEASES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	199,474
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			199,474

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	22,514	
OPERATION OF PLANT	8	2,036	
HOUSEKEEPING	10	366	
DIETARY	11	70	
NURSING ADMINISTRATION	14	84	
CENTRAL SERVICES & SUPPLY	15	9,230	
PHARMACY	16	24,348	
MEDICAL RECORDS & LIBRARY	17	8,261	
ADULTS & PEDIATRICS	25	21,191	
OPERATING ROOM	37	3,286	
ANESTHESIOLOGY	40	168	
RADIOLOGY-DIAGNOSTIC	41	85,415	
LABORATORY	44	14,067	
RESPIRATORY THERAPY	49	4,367	
PHYSICAL THERAPY	50	49	
EMERGENCY	61	4,022	
			199,474

RECLASS CODE: D
EXPLANATION : RECLASS OTHER CAPITAL

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	41,378
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,159
TOTAL RECLASSIFICATIONS FOR CODE D			46,537

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	46,537	
			0
			46,537

RECLASS CODE: E
EXPLANATION : RECLASS MARKETING COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE	100.02	104,467
TOTAL RECLASSIFICATIONS FOR CODE E			104,467

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	104,467	
			104,467

RECLASS CODE: F
EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	165,647
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			165,647

DECREASE			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	159,283	
OPERATING ROOM	37	6,364	
			165,647

RECLASS CODE: G
EXPLANATION : RECLASS CHARGEABLE DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	465,203
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			465,203

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	460,921	
ANESTHESIOLOGY	40	4,282	
			465,203

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
141348	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: H

EXPLANATION : RECLASS NURSING HOME SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	FREE STANDING NURSING HOME	100.01	213,742
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			213,742

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	48,772	
ADMINISTRATIVE & GENERAL	6	68,657	
OPERATION OF PLANT	8	65,924	
HOUSEKEEPING	10	12,614	
NURSING ADMINISTRATION	14	12,648	
MEDICAL RECORDS & LIBRARY	17	5,127	
			213,742

RECLASS CODE: I

EXPLANATION : RECLASS ER PHYSICIAN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	1,086,153
TOTAL RECLASSIFICATIONS FOR CODE I			1,086,153

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,086,153	
			1,086,153

RECLASS CODE: J

EXPLANATION : DIRECTLY ALLOCATED DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIAN SPECIALTY CLINIC - R	98.01	668
2.00	PHYSICIAN SPECIALTY CLINIC - WA	98.02	18,101
3.00	PHYSICIANS' PRIVATE OFFICES	98	2,796
TOTAL RECLASSIFICATIONS FOR CODE J			21,565

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	2,556	
NEW CAP REL COSTS-MVBLE EQUIP	4	19,009	
			0
			21,565

RECLASS CODE: K

EXPLANATION : RECLASS CAFETERIA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	111,923
TOTAL RECLASSIFICATIONS FOR CODE K			111,923

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	111,923	
			111,923

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS	55,767					55,767	
3	BUILDINGS & FIXTURE	75,067					75,067	
4	BUILDING IMPROVEMEN	5,197,529	753,770		753,770		5,951,299	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	10,561,932	612,405		612,405		11,174,337	
7	SUBTOTAL	15,890,295	1,366,175		1,366,175		17,256,470	
8	RECONCILING ITEMS							
9	TOTAL	15,890,295	1,366,175		1,366,175		17,256,470	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	6,082,133		6,082,133	.352455				
4	NEW CAP REL COSTS-MV	11,174,337		11,174,337	.647545				
5	TOTAL	17,256,470		17,256,470	1.000000				

DESCRIPTION				SUMMARY OF OLD AND NEW CAPITAL						
				DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
*				9	10	11	12	13	RELATED COST	15
1	OLD CAP REL COSTS-BL									
2	OLD CAP REL COSTS-MV									
3	NEW CAP REL COSTS-BL			341,986	-2,556				57,512	396,942
4	NEW CAP REL COSTS-MV			759,998	180,465				54,303	994,766
5	TOTAL			1,101,984	177,909				111,815	1,391,708

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL						
*		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	135,860						135,860
4	NEW CAP REL COSTS-MV	637,062						637,062
5	TOTAL	772,922						772,922

- * All lines numbers except line 5 are to be consistent with workseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1348
II PERIOD:
I FROM 7/ 1/2009 I PREPARED 11/29/2010
I TO 6/30/2010 I WORKSHEET A-8

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON		THE	WKST.
		BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH	AMOUNT IS TO BE ADJUSTED	A-7
		1	2	COST CENTER	LINE NO	REF.
				3	4	5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER	B	-13,642	ADMINISTRATIVE & GENERAL	6	
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-13,234	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE	A	-203	NEW CAP REL COSTS-MVBLE E	4	9
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-489,899			
13	SALE OF SCRAP, WASTE, ETC.	B	-3,000	RADIOLOGY-DIAGNOSTIC	41	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,434,646			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-111,923	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4,274	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,225	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-63	ADMINISTRATIVE & GENERAL	6	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES	A	142,300	NEW CAP REL COSTS-BLDG &	3	9
32	DEPRECIATION-NEW MOVABLE EQUIP	A	127,179	NEW CAP REL COSTS-MVBLE E	4	9
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	FEES FROM INSERVICE EDUCATION	B	-115	NURSING ADMINISTRATION	14	
38	FITNESS REVENUE	B	-270	ADMINISTRATIVE & GENERAL	6	
39	SBC SATELLITE DISH REVENUE	B	-2,400	NEW CAP REL COSTS-BLDG &	3	9
40	OTHER MISC REVENUE	B	-703	ADMINISTRATIVE & GENERAL	6	
41	HOSPITAL BAD DEBT	A	-871,601	ADMINISTRATIVE & GENERAL	6	
42	TELEPHONE SERVICES	A	-818	EMPLOYEE BENEFITS	5	
42.01	TELEPHONE SERVICES	A	-479	PHYSICIAN SPECIALTY CLINC	98.02	
42.02	TELEPHONE SERVICES	A	-24	PHYSICIANS' PRIVATE OFFIC	98	
42.03	TELEPHONE SERVICES	A	-300	NURSING ADMINISTRATION	14	
42.04	TELEPHONE PHONE DEPRECIATION	A	-4,040	NEW CAP REL COSTS-MVBLE E	4	9
43	ADVERTISING	A	-16,076	EMPLOYEE BENEFITS	5	
43.01	ADVERTISING	A	-57,092	ADMINISTRATIVE & GENERAL	6	
44	CLUB DUES AND LOBBYING	A	-1,429	ADMINISTRATIVE & GENERAL	6	
45	PHYSICIAN RECRUITING	A	-47,351	ADMINISTRATIVE & GENERAL	6	
46	LOBBYING EXPENSE IN ASSOCIATION DUES	A	-9,538	ADMINISTRATIVE & GENERAL	6	
47	CHARITABLE CONTRIBUTIONS	A	-658	ADMINISTRATIVE & GENERAL	6	
48	SPECIAL EVENTS	A	-1,181	ADMINISTRATIVE & GENERAL	6	
49	LATE FEES AND PENALTIES	A	-29	ADMINISTRATIVE & GENERAL	6	
49.01	CRNA COSTS	A	-419,445	ANESTHESIOLOGY	40	
49.02	CRNA BENEFITS	A	-62,930	ANESTHESIOLOGY	40	
49.03	ILLINOIS PROVIDER TAX	A	-212,926	ADMINISTRATIVE & GENERAL	6	
49.04	ADD BACK NH CREDIT FOR DIETARY	A	366,860	DIETARY	11	
49.05	REMOVAL OF LEASE REVENUE	A	72,644	PHYSICIANS' PRIVATE OFFIC	98	
49.06	LEGAL FEES	A	-33,185	ADMINISTRATIVE & GENERAL	6	
50	TOTAL (SUM OF LINES 1 THRU 49)		-3,106,716			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

Health Financial Systems MCRIF32
STATEMENT OF COSTS OF SERVICES
FROM RELATED ORGANIZATIONS AND
HOME OFFICE COSTS

FOR RED BUD REGIONAL HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 14-1348 I FROM 7/ 1/2009 I
I I TO 6/30/2010 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT CAPITAL INTEREST	66,226		66,226	9
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	119,609		119,609	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSS	8,974		8,974	14
4	3	NEW CAP REL COSTS-BLDG & POOLED CAPITAL	7,160		7,160	14
4.01	4	NEW CAP REL COSTS-MVBLE E POOLED CAPITAL	49,144		49,144	14
4.02	6	ADMINISTRATIVE & GENERAL POOLED CAPITAL	417,492	715,805	-298,313	
4.03	6	ADMINISTRATIVE & GENERAL MALPRACTICE	75,763	746,061	-670,298	
4.04	6	ADMINISTRATIVE & GENERAL INTEREST		717,148	-717,148	
5		TOTALS	744,368	2,179,014	-1,434,646	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	COMMUNITY HEALTH SYSTEMS	0.00	HOSPITAL MANAGEMENT COMPA
2	B	0.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1348
II PERIOD:
I FROM 7/ 1/2009 I PREPARED 11/29/2010
I TO 6/30/2010 I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	3,900	2,700	1,200				
2 53	ELECTROCARDIOLOGY	16,251	16,251					
3 61	EMERGENCY	1,019,147	470,948	548,199				
4								
5								
6								
7								
8								
9								
10								
11								
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28								
29								
30								
101	TOTAL	1,039,298	489,899	549,399				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED 11/29/2010

I 14-1348

I FROM 7/ 1/2009

I WORKSHEET A-8-2

I

I TO 6/30/2010

I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	COL 12	14	COL 14	16	17	18
1	6	ADMINISTRATIVE & GENERAL		13		15			2,700
2	53	ELECTROCARDIOLOGY							16,251
3	61	EMERGENCY							470,948
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL							489,899

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	65
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	975
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	458
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.50
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	792.25			
10	AHSEA (SEE INSTRUCTIONS)	66.10			
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.05	33.05		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	52,368
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	52,368
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	52,368

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	66.10
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	64,448
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	64,448

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	15,137
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	15,137
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,603
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	16,740
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 16,740

34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)

35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)

37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)

38 SUBTOTAL (SUM OF LINES 36 AND 37)

39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)

40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)

41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)

42 SUBTOTAL (SUM OF LINES 40 AND 41)

43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)

45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)

46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 64,448

58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 16,740

59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)

60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

61 EQUIPMENT COST (SEE INSTRUCTIONS)

62 SUPPLIES (SEE INSTRUCTIONS)

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 81,188

64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 42,415

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	42,415
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	42,415
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 14-1348 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	15	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	11	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUIS.	ENTERED
16	PHARMACY	13	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	REVENUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1348

I PERIOD:

I FROM 7/ 1/2009

I TO 6/30/2010

I PREPARED 11/29/2010

I WORKSHEET B

I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &	OLD CAP REL OSTS-MVBLE E	NEW CAP REL OSTS-BLDG &	NEW CAP REL OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	5a.00
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &	396,942			396,942			
005	NEW CAP REL COSTS-MVBLE E	994,766				994,766		
006	EMPLOYEE BENEFITS	1,169,397			3,344	9,844	1,182,585	
008	ADMINISTRATIVE & GENERAL	2,649,909			64,752	185,580	168,344	3,068,585
009	OPERATION OF PLANT	934,777			97,659	287,475	31,692	1,351,603
010	LAUNDRY & LINEN SERVICE	88,743			697	2,052		91,492
011	HOUSEKEEPING	167,871			5,752	16,931	21,859	212,413
012	DIETARY	1,212,984			18,042	53,108		1,284,134
014	CAFETERIA				8,894	26,182		35,076
015	NURSING ADMINISTRATION	563,801			9,675	28,478	87,866	689,820
016	CENTRAL SERVICES & SUPPLY	79,355					5,755	85,110
017	PHARMACY	258,740					37,120	295,860
025	MEDICAL RECORDS & LIBRARY	383,523			9,345	27,509	31,567	451,944
037	INPAT ROUTINE SRVC CNTRS							
040	ADULTS & PEDIATRICS	1,543,324			34,740	102,262	162,450	1,842,776
041	ANCILLARY SRVC COST CNTRS							
044	OPERATING ROOM	533,202			22,853	67,271	69,946	693,272
049	ANESTHESIOLOGY	-50,315			668	1,967	62,930	15,250
050	RADIOLOGY-DIAGNOSTIC	1,127,569			18,332	53,964	82,900	1,282,765
051	LABORATORY	1,006,202			8,965	26,389	61,712	1,103,268
052	RESPIRATORY THERAPY	155,635			2,350	6,917	22,519	187,421
053	PHYSICAL THERAPY	343,664			10,074	29,655	53,554	436,947
054	OCCUPATIONAL THERAPY	56,536			1,586	4,668	8,811	71,601
055	SPEECH PATHOLOGY	42,433			646	1,901		44,980
056	ELECTROCARDIOLOGY	107,202			3,156	9,289	4,802	124,449
061	10 CARDIAC REHAB							
062	MEDICAL SUPPLIES CHARGED	189,189			2,682	7,896		199,767
063	DRUGS CHARGED TO PATIENTS	460,929			4,524	13,317		478,770
071	OUTPAT SERVICE COST CNTRS							
095	EMERGENCY	1,359,147			9,077	26,718	233,530	1,628,472
096	OBSERVATION BEDS (NON-DIS							
098	50 RHC							
099	OTHER REIMBURS COST CNTRS							
100	HOME HEALTH AGENCY							
101	SPEC PURPOSE COST CENTERS							
102	SUBTOTALS	15,775,525			337,813	989,373	1,147,357	15,675,775
103	NONREIMBURS COST CENTERS							
104	GIFT, FLOWER, COFFEE SHOP							
105	PHYSICIANS' PRIVATE OFFIC	69,711			14,963			84,674
106	01 PHYSICIAN SPECIALTY CLINI	117,155			30,216			147,371
107	02 PHYSICIAN SPECIALTY CLINC	54,973						54,973
108	03 HOME HEALTH				9,886			9,886
109	SENIOR CIRCLE	3,848			2,232		570	6,650
110	01 FREE STANDING NURSING HOM	213,742					28,115	241,857
111	02 OTHER NONREIMBURSABLE	104,467			1,832	5,393	6,543	118,235
112	CROSS FOOT ADJUSTMENT							
113	NEGATIVE COST CENTER							
114	TOTAL	16,339,421			396,942	994,766	1,182,585	16,339,421

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-1348I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010I PREPARED 11/29/2010
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL	3,068,585						
009	OPERATION OF PLANT	320,657	1,672,260					
010	LAUNDRY & LINEN SERVICE	21,706	5,390	118,588				
011	HOUSEKEEPING	50,393	44,483		307,289			
012	DIETARY	304,651	139,532		24,669	1,752,986		
013	CAFETERIA	8,322	68,789		12,162	302,997	427,346	
014	NURSING ADMINISTRATION	163,654	74,823		13,228		31,890	973,415
015	CENTRAL SERVICES & SUPPLY	20,192					6,679	
016	PHARMACY	70,190					10,704	
017	MEDICAL RECORDS & LIBRARY	107,220	72,276		12,778		24,547	
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	437,180	268,680	118,588	47,500	222,340	97,349	287,087
037	ANCILLARY SRVC COST CNTRS							
040	OPERATING ROOM	164,473	176,746		31,248		35,870	123,611
041	ANESTHESIOLOGY	3,618	5,168		914		8,890	
042	RADIOLOGY-DIAGNOSTIC	304,326	141,782		25,066		44,230	
044	LABORATORY	261,742	69,333		12,258		37,153	
049	RESPIRATORY THERAPY	44,464	18,174		3,213		11,544	39,796
050	PHYSICAL THERAPY	103,662	77,914		13,775		21,053	94,642
051	OCCUPATIONAL THERAPY	16,987	12,264		2,168		4,025	15,570
052	SPEECH PATHOLOGY	10,671	4,995		883			
053	ELECTROCARDIOLOGY	29,525	24,405		4,315		1,548	
054	10 CARDIAC REHAB							
055	MEDICAL SUPPLIES CHARGED	47,393	20,746		3,668			
056	DRUGS CHARGED TO PATIENTS	113,584	34,988		6,186			
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY	386,342	70,199		12,411		62,673	412,709
063	50 OBSERVATION BEDS (NON-DIS							
071	RHC							
072	OTHER REIMBURS COST CNTRS							
095	HOME HEALTH AGENCY							
096	SPEC PURPOSE COST CENTERS							
097	SUBTOTALS	2,990,952	1,330,687	118,588	226,442	525,337	398,155	973,415
098	NONREIMBURS COST CENTERS							
099	GIFT, FLOWER, COFFEE SHOP					10,088		
100	PHYSICIANS' PRIVATE OFFIC				20,459	28,933		
101	01 PHYSICIAN SPECIALTY CLINI	34,963	233,691		41,315		10,305	
102	02 PHYSICIAN SPECIALTY CLINC	13,042						
103	03 HOME HEALTH		76,455		13,517			
104	SENIOR CIRCLE	1,578	17,259		3,051	4,822	354	
105	01 FREE STANDING NURSING HOM					1,183,806	14,507	
106	02 OTHER NONREIMBURSABLE	28,050	14,168		2,505		4,025	
107	CROSS FOOT ADJUSTMENT							
108	NEGATIVE COST CENTER							
109	TOTAL	3,068,585	1,672,260	118,588	307,289	1,752,986	427,346	973,415

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-1348

I PERIOD:

I FROM 7/ 1/2009
I TO 6/30/2010I PREPARED 11/29/2010
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
	15	16	17	25		27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	111,981					
016 PHARMACY	2,065	378,819				
017 MEDICAL RECORDS & LIBRARY	541		669,306			
025 INPAT ROUTINE SRVC CNTRS						
ADULTS & PEDIATRICS	13,617		61,855	3,396,972		3,396,972
037 ANCILLARY SRVC COST CNTRS						
OPERATING ROOM	10,405		80,772	1,316,397		1,316,397
040 ANESTHESIOLOGY	1,133		2,504	37,477		37,477
041 RADIOLOGY-DIAGNOSTIC	5,070		204,579	2,007,818		2,007,818
044 LABORATORY	41,110		152,672	1,677,536		1,677,536
049 RESPIRATORY THERAPY	1,445		9,735	315,792		315,792
050 PHYSICAL THERAPY	522		27,765	776,280		776,280
051 OCCUPATIONAL THERAPY	47		5,306	127,968		127,968
052 SPEECH PATHOLOGY	3		1,001	62,533		62,533
053 ELECTROCARDIOLOGY	6		21,905	206,153		206,153
054 10 CARDIAC REHAB						
055 MEDICAL SUPPLIES CHARGED	27,686		25,763	325,023		325,023
056 DRUGS CHARGED TO PATIENTS		378,819	25,367	1,037,714		1,037,714
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY	7,521		50,082	2,630,409		2,630,409
063 50 OBSERVATION BEDS (NON-DIS						
RHC						
071 OTHER REIMBURS COST CNTRS						
HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CENTERS						
SUBTOTALS	111,171	378,819	669,306	13,918,072		13,918,072
096 NONREIMBURS COST CENTERS						
GIFT, FLOWER, COFFEE SHOP				10,088		10,088
098 PHYSICIANS' PRIVATE OFFIC				134,066		134,066
098 01 PHYSICIAN SPECIALTY CLINI	667			468,312		468,312
098 02 PHYSICIAN SPECIALTY CLINC				68,015		68,015
098 03 HOME HEALTH				99,858		99,858
100 SENIOR CIRCLE	29			33,743		33,743
100 01 FREE STANDING NURSING HOM				1,440,170		1,440,170
100 02 OTHER NONREIMBURSABLE	114			167,097		167,097
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	111,981	378,819	669,306	16,339,421		16,339,421

ALLOCATION OF NEW CAPITAL RELATED COSTS

I
I
IPROVIDER NO:
14-1348

I PERIOD:

I FROM 7/ 1/2009

I TO 6/30/2010

I PREPARED 11/29/2010
I WORKSHEET B
I PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	C OLD CAP REL OSTS-MVBLE E 2	C NEW CAP REL OSTS-BLDG & 3	C NEW CAP REL OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS				3,344	9,844	13,188	13,188
008	ADMINISTRATIVE & GENERAL				64,752	185,580	250,332	1,877
009	OPERATION OF PLANT				97,659	287,475	385,134	353
010	LAUNDRY & LINEN SERVICE				697	2,052	2,749	
011	HOUSEKEEPING				5,752	16,931	22,683	244
012	DIETARY				18,042	53,108	71,150	
014	CAFETERIA				8,894	26,182	35,076	
015	NURSING ADMINISTRATION				9,675	28,478	38,153	980
016	CENTRAL SERVICES & SUPPLY							64
017	PHARMACY							414
025	MEDICAL RECORDS & LIBRARY				9,345	27,509	36,854	352
037	INPAT ROUTINE SRVC CNTRS							
040	ADULTS & PEDIATRICS				34,740	102,262	137,002	1,811
041	ANCILLARY SRVC COST CNTRS							
044	OPERATING ROOM				22,853	67,271	90,124	780
049	ANESTHESIOLOGY				668	1,967	2,635	702
050	RADIOLOGY-DIAGNOSTIC				18,332	53,964	72,296	924
051	LABORATORY				8,965	26,389	35,354	688
052	RESPIRATORY THERAPY				2,350	6,917	9,267	251
053	PHYSICAL THERAPY				10,074	29,655	39,729	597
054	OCCUPATIONAL THERAPY				1,586	4,668	6,254	98
055	SPEECH PATHOLOGY				646	1,901	2,547	
056	ELECTROCARDIOLOGY				3,156	9,289	12,445	54
061	10 CARDIAC REHAB							
062	MEDICAL SUPPLIES CHARGED				2,682	7,896	10,578	
063	DRUGS CHARGED TO PATIENTS				4,524	13,317	17,841	
071	OUTPAT SERVICE COST CNTRS							
095	EMERGENCY				9,077	26,718	35,795	2,607
096	OBSERVATION BEDS (NON-DIS							
098	50 RHC							
100	OTHER REIMBURS COST CNTRS							
101	HOME HEALTH AGENCY							
102	SPEC PURPOSE COST CENTERS							
103	SUBTOTALS				337,813	989,373	1,327,186	12,796
104	NONREIMBURS COST CENTERS							
105	GIFT, FLOWER, COFFEE SHOP							
106	PHYSICIANS' PRIVATE OFFIC				14,963		14,963	
107	01 PHYSICIAN SPECIALTY CLINI				30,216		30,216	
108	02 PHYSICIAN SPECIALTY CLINC							
109	03 HOME HEALTH				9,886		9,886	
110	SENIOR CIRCLE				2,232		2,232	6
111	01 FREE STANDING NURSING HOM							313
112	02 OTHER NONREIMBURSABLE				1,832	5,393	7,225	73
113	CROSS FOOT ADJUSTMENTS							
114	NEGATIVE COST CENTER							
115	TOTAL				396,942	994,766	1,391,708	13,188

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1348

I PERIOD:

I FROM 7/ 1/2009
I TO 6/30/2010I PREPARED 11/29/2010
I WORKSHEET 8
I PART III

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL	252,209						
009	OPERATION OF PLANT	26,355	411,842					
010	LAUNDRY & LINEN SERVICE	1,784	1,328	5,861				
011	HOUSEKEEPING	4,142	10,955		38,024			
012	DIETARY	25,039	34,364		3,053	133,606		
014	CAFETERIA	684	16,941		1,505	23,093	77,299	
015	NURSING ADMINISTRATION	13,451	18,427		1,637		5,768	78,416
016	CENTRAL SERVICES & SUPPLY	1,660					1,208	
017	PHARMACY	5,769					1,936	
025	MEDICAL RECORDS & LIBRARY	8,812	17,800		1,581		4,440	
037	INPAT ROUTINE SRVC CNTRS							
040	ADULTS & PEDIATRICS	35,931	66,172	5,861	5,876	16,946	17,611	23,127
041	ANCILLARY SRVC COST CNTRS							
044	OPERATING ROOM	13,518	43,529		3,867		6,488	9,958
049	ANESTHESIOLOGY	297	1,273		113		1,608	
050	RADIOLOGY-DIAGNOSTIC	25,013	34,918		3,102		8,000	
051	LABORATORY	21,513	17,075		1,517		6,720	
052	RESPIRATORY THERAPY	3,655	4,476		398		2,088	3,206
053	PHYSICAL THERAPY	8,520	19,188		1,704		3,808	7,624
054	OCCUPATIONAL THERAPY	1,396	3,020		268		728	1,254
055	SPEECH PATHOLOGY	877	1,230		109			
056	ELECTROCARDIOLOGY	2,427	6,010		534		280	
061	10 CARDIAC REHAB							
062	MEDICAL SUPPLIES CHARGED	3,895	5,109		454			
063	DRUGS CHARGED TO PATIENTS	9,336	8,617		765			
071	OUTPAT SERVICE COST CNTRS							
095	EMERGENCY	31,754	17,288		1,536		11,336	33,247
096	OBSERVATION BEDS (NON-DIS							
098	50 RHC							
100	OTHER REIMBURS COST CNTRS							
101	HOME HEALTH AGENCY							
102	SPEC PURPOSE COST CENTERS							
103	SUBTOTALS	245,828	327,720	5,861	28,019	40,039	72,019	78,416
104	NONREIMBURS COST CENTERS							
105	GIFT, FLOWER, COFFEE SHOP					769		
106	PHYSICIANS' PRIVATE OFFIC				2,532	2,205		
107	01 PHYSICIAN SPECIALTY CLINI	2,874	57,553		5,112		1,864	
108	02 PHYSICIAN SPECIALTY CLINC	1,072						
109	03 HOME HEALTH		18,829		1,673			
110	SENIOR CIRCLE	130	4,251		378	368	64	
111	01 FREE STANDING NURSING HOM					90,225	2,624	
112	02 OTHER NONREIMBURSABLE	2,305	3,489		310		728	
113	CROSS FOOT ADJUSTMENTS							
114	NEGATIVE COST CENTER							
115	TOTAL	252,209	411,842	5,861	38,024	133,606	77,299	78,416

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1348

I PERIOD:

I FROM 7/ 1/2009

I TO 6/30/2010

I PREPARED 11/29/2010

I WORKSHEET B

I PART III

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		15	16	17	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY	2,932					
017	PHARMACY	54	8,173				
025	MEDICAL RECORDS & LIBRARY	14		69,853			
037	INPAT ROUTINE SRVC CNTRS						
040	ADULTS & PEDIATRICS	357		6,454	317,148		317,148
041	ANCILLARY SRVC COST CNTRS						
044	OPERATING ROOM	272		8,428	176,964		176,964
049	ANESTHESIOLOGY	30		261	6,919		6,919
050	RADIOLOGY-DIAGNOSTIC	133		21,362	165,748		165,748
051	LABORATORY	1,076		15,930	99,873		99,873
052	RESPIRATORY THERAPY	38		1,016	24,395		24,395
053	PHYSICAL THERAPY	14		2,897	84,081		84,081
054	OCCUPATIONAL THERAPY	1		554	13,573		13,573
055	SPEECH PATHOLOGY			104	4,867		4,867
056	ELECTROCARDIOLOGY			2,286	24,036		24,036
061	10 CARDIAC REHAB						
062	MEDICAL SUPPLIES CHARGED	725		2,688	23,449		23,449
063	DRUGS CHARGED TO PATIENTS		8,173	2,647	47,379		47,379
071	OUTPAT SERVICE COST CNTRS						
095	EMERGENCY	197		5,226	138,986		138,986
098	01 OBSERVATION BEDS (NON-DIS						
100	02 RHC						
101	03 OTHER REIMBURS COST CNTRS						
102	HOME HEALTH AGENCY						
103	SPEC PURPOSE COST CENTERS						
104	SUBTOTALS	2,911	8,173	69,853	1,127,418		1,127,418
105	NONREIMBURS COST CENTERS						
106	GIFT, FLOWER, COFFEE SHOP				769		769
107	PHYSICIANS' PRIVATE OFFIC				19,700		19,700
108	01 PHYSICIAN SPECIALTY CLINI	17			97,636		97,636
109	02 PHYSICIAN SPECIALTY CLINC				1,072		1,072
110	03 HOME HEALTH				30,388		30,388
111	SENIOR CIRCLE	1			7,430		7,430
112	01 FREE STANDING NURSING HOM				93,162		93,162
113	02 OTHER NONREIMBURSABLE	3			14,133		14,133
114	CROSS FOOT ADJUSTMENTS						
115	NEGATIVE COST CENTER						
116	TOTAL	2,932	8,173	69,853	1,391,708		1,391,708

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 14-1348 I FROM 7/ 1/2009 I WORKSHEET B-1
 I TO 6/30/2010 I

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SA RECONCIL-) IATION
		(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(SQUARE)FEET	(GROSS)LARIES	
		1	2	3	4	5	6a.00
GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD			124,155			
004	NEW CAP REL COSTS-MVB				105,700		
005	EMPLOYEE BENEFITS			1,046	1,046	6,928,879	
006	ADMINISTRATIVE & GENE			20,253	19,719	986,342	-3,068,585
008	OPERATION OF PLANT			30,546	30,546	185,684	
009	LAUNDRY & LINEN SERVI			218	218		
010	HOUSEKEEPING			1,799	1,799	128,072	
011	DIETARY			5,643	5,643		
012	CAFETERIA			2,782	2,782		
014	NURSING ADMINISTRATIO			3,026	3,026	514,812	
015	CENTRAL SERVICES & SU					33,720	
016	PHARMACY					217,490	
017	MEDICAL RECORDS & LIB			2,923	2,923	184,953	
025	INPAT ROUTINE SRVC CN						
	ADULTS & PEDIATRICS			10,866	10,866	951,808	
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			7,148	7,148	409,818	
040	ANESTHESIOLOGY			209	209	368,710	
041	RADIOLOGY-DIAGNOSTIC			5,734	5,734	485,721	
044	LABORATORY			2,804	2,804	361,578	
049	RESPIRATORY THERAPY			735	735	131,939	
050	PHYSICAL THERAPY			3,151	3,151	313,777	
051	OCCUPATIONAL THERAPY			496	496	51,622	
052	SPEECH PATHOLOGY			202	202		
053	ELECTROCARDIOLOGY			987	987	28,136	
054	10 CARDIAC REHAB						
055	MEDICAL SUPPLIES CHAR			839	839		
056	DRUGS CHARGED TO PATI			1,415	1,415		
	OUTPAT SERVICE COST C						
061	EMERGENCY			2,839	2,839	1,368,290	
062	OBSERVATION BEDS (NON						
063	50 RHC						
	OTHER REIMBURS COST C						
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS			105,661	105,127	6,722,472	-3,068,585
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						
098	PHYSICIANS' PRIVATE O			4,680			-84,674
098	01 PHYSICIAN SPECIALTY C			9,451			
098	02 PHYSICIAN SPECIALTY C						
098	03 HOME HEALTH			3,092			-9,886
100	SENIOR CIRCLE			698		3,339	
100	01 FREE STANDING NURSING					164,731	-241,857
100	02 OTHER NONREIMBURSABLE			573	573	38,337	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED			396,942	994,766	1,182,585	
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER			3.197149		.170675	
	(WRKSHT B, PT I)						
105	COST TO BE ALLOCATED				9.411220		
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED					13,188	
	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER					.001903	
	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 14-1348 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	(NURSING SALARIES)
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE	12,934,419						
009	OPERATION OF PLANT	1,351,603	67,630					
010	LAUNDRY & LINEN SERVI	91,492	218	78,402				
011	HOUSEKEEPING	212,413	1,799		70,293			
012	DIETARY	1,284,134	5,643		5,643	138,140		
014	CAFETERIA	35,076	2,782		2,782	23,877	9,662	
015	NURSING ADMINISTRATIO	689,820	3,026		3,026		721	3,227,254
016	CENTRAL SERVICES & SU	85,110					151	
017	PHARMACY	295,860					242	
	MEDICAL RECORDS & LIB	451,944	2,923		2,923		555	
025	INPAT ROUTINE SRVC CN							
	ADULTS & PEDIATRICS	1,842,776	10,866	78,402	10,866	17,521	2,201	951,808
037	ANCILLARY SRVC COST C							
040	OPERATING ROOM	693,272	7,148		7,148		811	
041	ANESTHESIOLOGY	15,250	209		209		201	409,818
044	RADIOLOGY-DIAGNOSTIC	1,282,765	5,734		5,734		1,000	
049	LABORATORY	1,103,268	2,804		2,804		840	
050	RESPIRATORY THERAPY	187,421	735		735		261	131,939
051	PHYSICAL THERAPY	436,947	3,151		3,151		476	313,777
052	OCCUPATIONAL THERAPY	71,601	496		496		91	51,622
053	SPEECH PATHOLOGY	44,980	202		202			
054	ELECTROCARDIOLOGY	124,449	987		987		35	
055	10 CARDIAC REHAB							
056	MEDICAL SUPPLIES CHAR	199,767	839		839			
	DRUGS CHARGED TO PATI	478,770	1,415		1,415			
061	OUTPAT SERVICE COST C							
062	EMERGENCY	1,628,472	2,839		2,839		1,417	1,368,290
063	OBSERVATION BEDS (NON							
	50 RHC							
071	OTHER REIMBURS COST C							
	HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CEN							
	SUBTOTALS	12,607,190	53,816	78,402	51,799	41,398	9,002	3,227,254
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE					795		
098	PHYSICIANS' PRIVATE O				4,680	2,280		
098	01 PHYSICIAN SPECIALTY C	147,371	9,451		9,451		233	
098	02 PHYSICIAN SPECIALTY C	54,973						
098	03 HOME HEALTH		3,092		3,092			
100	SENIOR CIRCLE	6,650	698		698	380	8	
100	01 FREE STANDING NURSING					93,287	328	
100	02 OTHER NONREIMBURSABLE	118,235	573		573		91	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,068,585	1,672,260	118,588	307,289	1,752,986	427,346	973,415
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		24.726601		4.371545		44.229559	
	(WRKSHT B, PT I)	.237242		1.512563		12.689923		.301623
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	252,209	411,842	5,861	38,024	133,606	77,299	78,416
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		6.089635		.540936		8.000310	
	(WRKSHT B, PT III)	.019499		.074756		.967178		.024298

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 14-1348	I FROM 7/ 1/2009	I WORKSHEET B-1
I	I TO 6/30/2010	I

COST CENTER DESCRIPTION		CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED REQUIS.	MEDICAL RECOR DS & LIBRARY (GROSS REVENUE)
		15	16	17
001	GENERAL SERVICE COST			
002	OLD CAP REL COSTS-BLD			
003	OLD CAP REL COSTS-MVB			
004	NEW CAP REL COSTS-BLD			
005	NEW CAP REL COSTS-MVB			
006	EMPLOYEE BENEFITS			
008	ADMINISTRATIVE & GENE			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVI			
011	HOUSEKEEPING			
012	DIETARY			
014	CAFETERIA			
015	NURSING ADMINISTRATIO			
016	CENTRAL SERVICES & SU	669,991		
017	PHARMACY	12,355	464,964	
025	MEDICAL RECORDS & LIB	3,238		69,008,929
037	INPAT ROUTINE SRVC CN			
040	ADULTS & PEDIATRICS	81,474		6,377,451
041	ANCILLARY SRVC COST C			
044	OPERATING ROOM	62,252		8,327,875
049	ANESTHESIOLOGY	6,778		258,192
050	RADIOLOGY-DIAGNOSTIC	30,334		21,093,786
051	LABORATORY	245,962		15,741,040
052	RESPIRATORY THERAPY	8,646		1,003,750
053	PHYSICAL THERAPY	3,126		2,862,698
054	OCCUPATIONAL THERAPY	284		547,095
055	SPEECH PATHOLOGY	18		103,177
056	ELECTROCARDIOLOGY	36		2,258,481
061	10 CARDIAC REHAB			
062	MEDICAL SUPPLIES CHAR	165,647		2,656,303
063	DRUGS CHARGED TO PATI		464,964	2,615,427
071	OUTPAT SERVICE COST C			
075	EMERGENCY	44,998		5,163,654
080	OBSERVATION BEDS (NON			
085	50 RHC			
090	OTHER REIMBURS COST C			
095	HOME HEALTH AGENCY			
100	SPEC PURPOSE COST CEN			
105	SUBTOTALS	665,148	464,964	69,008,929
110	NONREIMBURS COST CENT			
115	GIFT, FLOWER, COFFEE			
120	PHYSICIANS' PRIVATE O			
125	01 PHYSICIAN SPECIALTY C	3,989		
130	02 PHYSICIAN SPECIALTY C			
135	03 HOME HEALTH			
140	SENIOR CIRCLE	172		
145	01 FREE STANDING NURSING			
150	02 OTHER NONREIMBURSABLE	682		
155	CROSS FOOT ADJUSTMENT			
160	NEGATIVE COST CENTER			
165	COST TO BE ALLOCATED	111,981	378,819	669,306
170	(PER WRKSHT B, PART			
175	UNIT COST MULTIPLIER		.814728	
180	(WRKSHT B, PT I)	.167138		.009699
185	COST TO BE ALLOCATED			
190	(PER WRKSHT B, PART			
195	UNIT COST MULTIPLIER			
200	(WRKSHT B, PT II)			
205	COST TO BE ALLOCATED	2,932	8,173	69,853
210	(PER WRKSHT B, PART			
215	UNIT COST MULTIPLIER		.017578	
220	(WRKSHT B, PT III)	.004376		.001012

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,396,972		3,396,972		3,396,972
37	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	1,316,397		1,316,397		1,316,397
41	ANESTHESIOLOGY	37,477		37,477		37,477
44	RADIOLOGY-DIAGNOSTIC	2,007,818		2,007,818		2,007,818
49	LABORATORY	1,677,536		1,677,536		1,677,536
50	RESPIRATORY THERAPY	315,792		315,792		315,792
51	PHYSICAL THERAPY	776,280		776,280		776,280
52	OCCUPATIONAL THERAPY	127,968		127,968		127,968
53	SPEECH PATHOLOGY	62,533		62,533		62,533
54	ELECTROCARDIOLOGY	206,153		206,153		206,153
55	10 CARDIAC REHAB					
56	MEDICAL SUPPLIES CHARGED	325,023		325,023		325,023
61	DRUGS CHARGED TO PATIENTS	1,037,714		1,037,714		1,037,714
62	OUTPAT SERVICE COST CNTRS					
63	EMERGENCY	2,630,409		2,630,409		2,630,409
50	OBSERVATION BEDS (NON-DIS	57,176		57,176		57,176
101	RHC					
102	OTHER REIMBURS COST CNTRS					
103	SUBTOTAL	13,975,248		13,975,248		13,975,248
	LESS OBSERVATION BEDS	57,176		57,176		57,176
	TOTAL	13,918,072		13,918,072		13,918,072

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,377,451		6,377,451			
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	1,641,971	6,685,904	8,327,875	.158071	.158071	.158071
41	ANESTHESIOLOGY	63,775	194,417	258,192	.145152	.145152	.145152
44	RADIOLOGY-DIAGNOSTIC	2,375,139	18,718,647	21,093,786	.095185	.095185	.095185
49	LABORATORY	3,875,430	11,865,610	15,741,040	.106571	.106571	.106571
50	RESPIRATORY THERAPY	821,511	182,239	1,003,750	.314612	.314612	.314612
51	PHYSICAL THERAPY	1,345,307	1,517,391	2,862,698	.271171	.271171	.271171
52	OCCUPATIONAL THERAPY	524,796	22,299	547,095	.233905	.233905	.233905
53	SPEECH PATHOLOGY	65,481	37,696	103,177	.606075	.606075	.606075
54	ELECTROCARDIOLOGY	182,217	2,076,264	2,258,481	.091279	.091279	.091279
55	10 CARDIAC REHAB						
56	MEDICAL SUPPLIES CHARGED	1,304,390	1,351,913	2,656,303	.122359	.122359	.122359
61	DRUGS CHARGED TO PATIENTS	1,440,264	1,175,163	2,615,427	.396767	.396767	.396767
62	OUTPAT SERVICE COST CNTRS						
63	EMERGENCY	299,401	4,864,253	5,163,654	.509408	.509408	.509408
101	OBSERVATION BEDS (NON-DIS	9,039	114,404	123,443	.463177	.463177	.463177
102	50 RHC						
103	OTHER REIMBURS COST CNTRS						
	SUBTOTAL	20,326,172	48,806,200	69,132,372			
	LESS OBSERVATION BEDS						
	TOTAL	20,326,172	48,806,200	69,132,372			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,396,972		3,396,972		3,396,972
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,316,397		1,316,397		1,316,397
40	ANESTHESIOLOGY	37,477		37,477		37,477
41	RADIOLOGY-DIAGNOSTIC	2,007,818		2,007,818		2,007,818
44	LABORATORY	1,677,536		1,677,536		1,677,536
49	RESPIRATORY THERAPY	315,792		315,792		315,792
50	PHYSICAL THERAPY	776,280		776,280		776,280
51	OCCUPATIONAL THERAPY	127,968		127,968		127,968
52	SPEECH PATHOLOGY	62,533		62,533		62,533
53	ELECTROCARDIOLOGY	206,153		206,153		206,153
54	10 CARDIAC REHAB					
55	MEDICAL SUPPLIES CHARGED	325,023		325,023		325,023
56	DRUGS CHARGED TO PATIENTS	1,037,714		1,037,714		1,037,714
61	OUTPAT SERVICE COST CNTRS					
62	EMERGENCY	2,630,409		2,630,409		2,630,409
63	50 OBSERVATION BEDS (NON-DIS RHC	57,176		57,176		57,176
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	13,975,248		13,975,248		13,975,248
102	LESS OBSERVATION BEDS	57,176		57,176		57,176
103	TOTAL	13,918,072		13,918,072		13,918,072

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,377,451		6,377,451			
37	ANCILLARY SRVC COST CNTRS						
40	OPERATING ROOM	1,641,971	6,685,904	8,327,875	.158071	.158071	.158071
41	ANESTHESIOLOGY	63,775	194,417	258,192	.145152	.145152	.145152
44	RADIOLOGY-DIAGNOSTIC	2,375,139	18,718,647	21,093,786	.095185	.095185	.095185
49	LABORATORY	3,875,430	11,865,610	15,741,040	.106571	.106571	.106571
50	RESPIRATORY THERAPY	821,511	182,239	1,003,750	.314612	.314612	.314612
51	PHYSICAL THERAPY	1,345,307	1,517,391	2,862,698	.271171	.271171	.271171
52	OCCUPATIONAL THERAPY	524,796	22,299	547,095	.233905	.233905	.233905
53	SPEECH PATHOLOGY	65,481	37,696	103,177	.606075	.606075	.606075
54	ELECTROCARDIOLOGY	182,217	2,076,264	2,258,481	.091279	.091279	.091279
55	10 CARDIAC REHAB						
56	MEDICAL SUPPLIES CHARGED	1,304,390	1,351,913	2,656,303	.122359	.122359	.122359
61	DRUGS CHARGED TO PATIENTS	1,440,264	1,175,163	2,615,427	.396767	.396767	.396767
62	OUTPAT SERVICE COST CNTRS						
63	EMERGENCY	299,401	4,864,253	5,163,654	.509408	.509408	.509408
101	OBSERVATION BEDS (NON-DIS	9,039	114,404	123,443	.463177	.463177	.463177
102	50 RHC						
103	OTHER REIMBURS COST CNTRS						
	SUBTOTAL	20,326,172	48,806,200	69,132,372			
	LESS OBSERVATION BEDS						
	TOTAL	20,326,172	48,806,200	69,132,372			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,316,397	176,964	1,139,433			1,316,397
40	ANESTHESIOLOGY	37,477	6,919	30,558			37,477
41	RADIOLOGY-DIAGNOSTIC	2,007,818	165,748	1,842,070			2,007,818
44	LABORATORY	1,677,536	99,873	1,577,663			1,677,536
49	RESPIRATORY THERAPY	315,792	24,395	291,397			315,792
50	PHYSICAL THERAPY	776,280	84,081	692,199			776,280
51	OCCUPATIONAL THERAPY	127,968	13,573	114,395			127,968
52	SPEECH PATHOLOGY	62,533	4,867	57,666			62,533
53	ELECTROCARDIOLOGY	206,153	24,036	182,117			206,153
54	10 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED	325,023	23,449	301,574			325,023
56	DRUGS CHARGED TO PATIENTS	1,037,714	47,379	990,335			1,037,714
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,630,409	138,986	2,491,423			2,630,409
62	OBSERVATION BEDS (NON-DIS	57,176		57,176			57,176
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,578,276	810,270	9,768,006			10,578,276
102	LESS OBSERVATION BEDS	57,176		57,176			57,176
103	TOTAL	10,521,100	810,270	9,710,830			10,521,100

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,327,875	.158071	.158071
40	ANESTHESIOLOGY	258,192	.145152	.145152
41	RADIOLOGY-DIAGNOSTIC	21,093,786	.095185	.095185
44	LABORATORY	15,741,040	.106571	.106571
49	RESPIRATORY THERAPY	1,003,750	.314612	.314612
50	PHYSICAL THERAPY	2,862,698	.271171	.271171
51	OCCUPATIONAL THERAPY	547,095	.233905	.233905
52	SPEECH PATHOLOGY	103,177	.606075	.606075
53	ELECTROCARDIOLOGY	2,258,481	.091279	.091279
54	10 CARDIAC REHAB			
55	MEDICAL SUPPLIES CHARGED	2,656,303	.122359	.122359
56	DRUGS CHARGED TO PATIENTS	2,615,427	.396767	.396767
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,163,654	.509408	.509408
62	OBSERVATION BEDS (NON-DIS	123,443	.463177	.463177
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	62,754,921		
102	LESS OBSERVATION BEDS	123,443		
103	TOTAL	62,631,478		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,316,397	176,964	1,139,433			1,316,397
40	ANESTHESIOLOGY	37,477	6,919	30,558			37,477
41	RADIOLOGY-DIAGNOSTIC	2,007,818	165,748	1,842,070			2,007,818
44	LABORATORY	1,677,536	99,873	1,577,663			1,677,536
49	RESPIRATORY THERAPY	315,792	24,395	291,397			315,792
50	PHYSICAL THERAPY	776,280	84,081	692,199			776,280
51	OCCUPATIONAL THERAPY	127,968	13,573	114,395			127,968
52	SPEECH PATHOLOGY	62,533	4,867	57,666			62,533
53	ELECTROCARDIOLOGY	206,153	24,036	182,117			206,153
54	10 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED	325,023	23,449	301,574			325,023
56	DRUGS CHARGED TO PATIENTS	1,037,714	47,379	990,335			1,037,714
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,630,409	138,986	2,491,423			2,630,409
62	OBSERVATION BEDS (NON-DIS	57,176		57,176			57,176
63	50 RHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,578,276	810,270	9,768,006			10,578,276
102	LESS OBSERVATION BEDS	57,176		57,176			57,176
103	TOTAL	10,521,100	810,270	9,710,830			10,521,100

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,327,875	.158071	.158071
40	ANESTHESIOLOGY	258,192	.145152	.145152
41	RADIOLOGY-DIAGNOSTIC	21,093,786	.095185	.095185
44	LABORATORY	15,741,040	.106571	.106571
49	RESPIRATORY THERAPY	1,003,750	.314612	.314612
50	PHYSICAL THERAPY	2,862,698	.271171	.271171
51	OCCUPATIONAL THERAPY	547,095	.233905	.233905
52	SPEECH PATHOLOGY	103,177	.606075	.606075
53	ELECTROCARDIOLOGY	2,258,481	.091279	.091279
54	10 CARDIAC REHAB			
55	MEDICAL SUPPLIES CHARGED	2,656,303	.122359	.122359
56	DRUGS CHARGED TO PATIENTS	2,615,427	.396767	.396767
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,163,654	.509408	.509408
62	OBSERVATION BEDS (NON-DIS	123,443	.463177	.463177
63	50 RHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	62,754,921		
102	LESS OBSERVATION BEDS	123,443		
103	TOTAL	62,631,478		

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	Cost Center Description	1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.158071		.158071		
40	ANESTHESIOLOGY	.145152		.145152		
41	RADIOLOGY-DIAGNOSTIC	.095185		.095185		
44	LABORATORY	.106571		.106571		
49	RESPIRATORY THERAPY	.314612		.314612		
50	PHYSICAL THERAPY	.271171		.271171		
51	OCCUPATIONAL THERAPY	.233905		.233905		
52	SPEECH PATHOLOGY	.606075		.606075		
53	ELECTROCARDIOLOGY	.091279		.091279		
54	10 CARDIAC REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.122359		.122359		
56	DRUGS CHARGED TO PATIENTS	.396767		.396767		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.509408		.509408		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.463177		.463177		
63	50 RHC					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		1,737,973			
40	ANESTHESIOLOGY		42,680			
41	RADIOLOGY-DIAGNOSTIC		6,269,176			
44	LABORATORY		5,361,505			
49	RESPIRATORY THERAPY		85,612			
50	PHYSICAL THERAPY		477,172			
51	OCCUPATIONAL THERAPY		15,701			
52	SPEECH PATHOLOGY		23,996			
53	ELECTROCARDIOLOGY		1,592,705			
54	10 CARDIAC REHAB					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		204,849			
56	DRUGS CHARGED TO PATIENTS		564,081			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		1,714,069			
62	OBSERVATION BEDS (NON-DISTINCT PART)		26,356			
63	50 RHC					
101	SUBTOTAL		18,115,875			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		18,115,875			

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				317,148		317,148
101	ADULTS & PEDIATRICS						
	TOTAL				317,148		317,148

Health Financial Systems	MCRIF32	FOR RED BUD REGIONAL HOSPITAL	I	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE			I	PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
SERVICE OTHER PASS THROUGH COSTS			I	14-1348 I FROM 7/ 1/2009 I WORKSHEET D
TITLE XIX			I	I TO 6/30/2010 I PART III
				PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
101	ADULTS & PEDIATRICS					2,938	
	TOTAL					2,938	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	2,938	142				
101	ADULTS & PEDIATRICS					107.95	15,329
	TOTAL	2,938	142				15,329

Health Financial Systems	MCRIF32	FOR RED BUD REGIONAL HOSPITAL	I	IN LIEU OF FORM CMS-2552-96(11/1998)
APPORTIONMENT OF INPATIENT ROUTINE			I	PROVIDER NO: 14-1348
SERVICE OTHER PASS THROUGH COSTS			I	I PERIOD: 7/ 1/2009
TITLE XIX			I	I FROM 7/ 1/2009
				I TO 6/30/2010
				I PREPARED 11/29/2010
				I WORKSHEET D
				I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
101	TOTAL	142	142

TITLE XVIII PART A	HOSPITAL	OTHER
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,862
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,938
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	118
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,820
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,327
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,327
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	135
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	135
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,050
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	1,327
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,327
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	116.26
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,396,972
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	15,695
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	15,695
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,628,726
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,768,246

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,201,906
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	166,503
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,035,403
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.420820
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,411.04
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,430.99
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,768,246

PROGRAM INPATIENT ROUTINE SWING BED COST		
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	798,668
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	798,668
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1,597,336
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A	HOSPITAL	OTHER
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PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	95
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	601.85
85	OBSERVATION BED COST	57,176

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,038,985	
37	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	.158071	459,192	72,585
41	ANESTHESIOLOGY	.145152	18,074	2,623
44	RADIOLOGY-DIAGNOSTIC	.095185	1,307,384	124,443
49	LABORATORY	.106571	2,022,058	215,493
50	RESPIRATORY THERAPY	.314612	410,928	129,283
51	PHYSICAL THERAPY	.271171	181,598	49,244
52	OCCUPATIONAL THERAPY	.233905	21,683	5,072
53	SPEECH PATHOLOGY	.606075	22,844	13,845
54	ELECTROCARDIOLOGY	.091279	95,861	8,750
55	10 CARDIAC REHAB			
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.122359	551,573	67,490
61	DRUGS CHARGED TO PATIENTS	.396767	623,947	247,562
62	OUTPAT SERVICE COST CNTRS			
63	EMERGENCY	.509408	5,236	2,667
101	62 OBSERVATION BEDS (NON-DISTINCT PART)	.463177	57	26
102	50 RHC			
103	OTHER REIMBURS COST CNTRS			
	TOTAL		5,720,435	939,083
	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		5,720,435	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
37	ANCILLARY SRVC COST CNTRS			
40	OPERATING ROOM	.158071	49,848	7,880
41	ANESTHESIOLOGY	.145152		
44	RADIOLOGY-DIAGNOSTIC	.095185	194,575	18,521
49	LABORATORY	.106571	579,264	61,733
50	RESPIRATORY THERAPY	.314612	241,523	75,986
51	PHYSICAL THERAPY	.271171	1,022,911	277,384
52	OCCUPATIONAL THERAPY	.233905	443,710	103,786
53	SPEECH PATHOLOGY	.606075	37,195	22,543
54	ELECTROCARDIOLOGY	.091279	25,170	2,297
55	10 CARDIAC REHAB			
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.122359	250,696	30,675
61	DRUGS CHARGED TO PATIENTS	.396767	444,428	176,334
62	OUTPAT SERVICE COST CNTRS			
63	EMERGENCY	.509408		
101	62 OBSERVATION BEDS (NON-DISTINCT PART)	.463177		
102	50 RHC			
103	OTHER REIMBURS COST CNTRS			
	TOTAL		3,289,320	777,139
	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
	NET CHARGES		3,289,320	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,903,199
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,903,199

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCTIONS)	2,932,231
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

18	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	32,984
18.01	CAH ACTUAL BILLED COINSURANCE	2,575,486
18.01	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	323,761
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	323,761
24	PRIMARY PAYER PAYMENTS	716
25	SUBTOTAL	323,045

26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	362,558
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	362,558
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	335,877
28	SUBTOTAL	685,603
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	685,603
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,118,540
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-432,937
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	39,021

50	TO BE COMPLETED BY CONTRACTOR	
51	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
52	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 14-1348	I FROM 7/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2010	
I 14-1348	I	

TITLE XVIII

HOSPITAL

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1,545,592	1,118,540
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE	NONE
ADJUSTMENTS TO PROVIDER .01	2/ 2/2010	75,100	
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99		75,100	NONE
4 TOTAL INTERIM PAYMENTS		1,620,692	1,118,540
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		137,174	432,937
7 TOTAL MEDICARE PROGRAM LIABILITY		1,757,866	685,603

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 14-1348	I FROM 7/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2010	
I 14-2348	I	

TITLE XVIII

SWING BED SNF

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,026,940	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE	NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
ADJUSTMENTS TO PROVIDER .01	2/ 2/2010	166,500	
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99		166,500	
4 TOTAL INTERIM PAYMENTS		2,193,440	NONE
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL .99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		129,023	
7 TOTAL MEDICARE PROGRAM LIABILITY		2,322,463	

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 14-1348	I FROM 7/ 1/2009	
I COMPONENT NO:	I TO 6/30/2010	I WORKSHEET E-2
I 14-Z348	I	I

TITLE XVIII

SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

PART A
1PART B
2

1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,613,309
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)	
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	784,910
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
5	PROGRAM DAYS	2,654
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)	
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY	
8	SUBTOTAL	2,398,219
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	
10	SUBTOTAL	2,398,219
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)	
12	SUBTOTAL	2,398,219
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	76,784
14	80% OF PART B COSTS	
15	SUBTOTAL	2,321,435
16	OTHER ADJUSTMENTS (SPECIFY)	
17	REIMBURSABLE BAD DEBTS	1,028
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL	2,322,463
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
20	INTERIM PAYMENTS	2,193,440
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
21	BALANCE DUE PROVIDER/PROGRAM	129,023
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	32,102

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	14-1348	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	14-1348	I		I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,172,896
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,172,896
5	PRIMARY PAYER PAYMENTS	2,691
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,191,907
COMPUTATION OF LESSER OF COST OR CHARGES		
7	REASONABLE CHARGES	
8	ROUTINE SERVICE CHARGES	
9	ANCILLARY SERVICE CHARGES	
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
11	TEACHING PHYSICIANS	
12	TOTAL REASONABLE CHARGES	
13	CUSTOMARY CHARGES	
14	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE	
15	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
17	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
18	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
19	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
23	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
24	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
25	COST OF COVERED SERVICES	2,191,907
26	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	466,932
27	EXCESS REASONABLE COST	
28	SUBTOTAL	1,724,975
29	COINSURANCE	
30	SUBTOTAL	1,724,975
31	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	32,891
32	SERVICES (SEE INSTRUCTIONS)	
33	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	32,891
34	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	30,562
35	SUBTOTAL	1,757,866
36	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
37	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
38	OTHER ADJUSTMENTS (SPECIFY)	
39	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
40	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
41	SUBTOTAL	1,757,866
42	SEQUESTRATION ADJUSTMENT	
43	INTERIM PAYMENTS	1,620,692
44	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
45	BALANCE DUE PROVIDER/PROGRAM	137,174
46	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	29,351
47	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

BALANCE SHEET

PROVIDER NO: 14-1348 I PERIOD: 7/ 1/2009 I PREPARED 11/29/2010
I TO 6/30/2010 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-316,229			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	1,941,000			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-148,288			
7	INVENTORY	397,261			
8	PREPAID EXPENSES	118,608			
9	OTHER CURRENT ASSETS	14,403			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	2,006,755			
FIXED ASSETS					
12	LAND	39,727			
12.01					
13	LAND IMPROVEMENTS	98,110			
13.01	LESS ACCUMULATED DEPRECIATION	-59,833			
14	BUILDINGS	1,764,124			
14.01	LESS ACCUMULATED DEPRECIATION	-673,473			
15	LEASEHOLD IMPROVEMENTS	1,389,446			
15.01	LESS ACCUMULATED DEPRECIATION	-262,325			
16	FIXED EQUIPMENT	684,127			
16.01	LESS ACCUMULATED DEPRECIATION	-142,941			
17	AUTOMOBILES AND TRUCKS	2,501			
17.01	LESS ACCUMULATED DEPRECIATION	-2,501			
18	MAJOR MOVABLE EQUIPMENT	3,471,642			
18.01	LESS ACCUMULATED DEPRECIATION	-2,041,828			
19	MINOR EQUIPMENT DEPRECIABLE	1,394,400			
19.01	LESS ACCUMULATED DEPRECIATION	-1,045,402			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	4,615,774			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	144,691			
26	TOTAL OTHER ASSETS	144,691			
27	TOTAL ASSETS	6,767,220			

BALANCE SHEET

PROVIDER NO: 14-1348
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,484,728			
29 SALARIES, WAGES & FEES PAYABLE	636,676			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	8,769,530			
35 OTHER CURRENT LIABILITIES	64,865			
36 TOTAL CURRENT LIABILITIES	10,955,799			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	10,955,799			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-4,188,579			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-4,188,579			
52 TOTAL LIABILITIES AND FUND BALANCES	6,767,220			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD		-5,223,639		
3 NET INCOME (LOSS)		1,035,060		
4 TOTAL		-4,188,579		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-4,188,579		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-4,188,579		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	14-1348	I	FROM 7/ 1/2009	I	WORKSHEET G-2
I		I	TO 6/30/2010	I	PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	6,377,451		6,377,451
4 00 SWING BED - SNF	1,455,241		1,455,241
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	7,832,692		7,832,692
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	7,832,692		7,832,692
17 00 ANCILLARY SERVICES	12,493,480		12,493,480
18 00 OUTPATIENT SERVICES		48,806,200	48,806,200
18 50 RHC			
19 00 HOME HEALTH AGENCY			
24 00 PROFESSIONAL FEES	842,598	1,049,650	1,892,248
25 00 TOTAL PATIENT REVENUES	21,168,770	49,855,850	71,024,620

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	19,446,137
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	19,446,137

STATEMENT OF REVENUES AND EXPENSES

IN LIEU OF FORM CMS-2552-96 (09/1996)
 PROVIDER NO: 14-1348 I PERIOD: 7/ 1/2009 I PREPARED 11/29/2010
 I TO 6/30/2010 I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	71,024,620
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	50,763,629
3	NET PATIENT REVENUES	20,260,991
4	LESS: TOTAL OPERATING EXPENSES	19,446,137
5	NET INCOME FROM SERVICE TO PATIENTS	814,854
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,105
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	111,923
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	4,274
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,225
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	63
22	RENTAL OF HOSPITAL SPACE	67,937
23	GOVERNMENTAL APPROPRIATIONS	41,594
24	INSERVICE EDUCATION CLASSES	115
24.01	SALE OF SCRAP	3,000
24.02	FITNESS REVENUE	270
24.03	SENIOR CIRCLE	171
24.04	MISCELLANEOUS	696
25	TOTAL OTHER INCOME	233,373
26	TOTAL	1,048,227
	OTHER EXPENSES	
27	LOSS ON SALE OF ASSETS	13,167
28		
29		
30	TOTAL OTHER EXPENSES	13,167
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,035,060

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	14-1348	I	FROM 7/ 1/2009	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2010	I	PARTS I-IV
I	14-1348	I		I	

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	